

471-000-123 Explanation of Nebraska Medicaid Eligibility Documents

Nebraska Medicaid, also known as the Nebraska Medical Assistance Program, issues one of the following client eligibility documents -

1. The Nebraska Medicaid Card;
2. The Nebraska Health Connection ID Document; or
3. The Nebraska Medicaid Presumptive Eligibility Application.

Nebraska Medicaid Cards and Nebraska Health Connection ID Documents are issued at the beginning of each month and the clients listed on the card remain eligible for the entire month.

A single Nebraska Medicaid Card or Nebraska Health Connection ID Document may be issued for all clients of a household/case, or some clients of a household/case may receive a Nebraska Medicaid Card while other clients of the household/case receive a Nebraska Health Connection ID Document.

Clients residing in nursing facilities do not receive Nebraska Medicaid Cards each month. Nebraska Medicaid Cards are not issued for prior months when Medicaid eligibility is approved retroactively.

Eligibility documents are issued under a 9-digit case number used for all Medicaid-eligible members of the household. The name of each eligible client is listed, along with his or her unique two-digit identification number. The 9-digit case number combined with the two-digit identification number is the **Medicaid client number**.

The Nebraska Medicaid Presumptive Eligibility Application is issued at the time the client is determined eligible by a qualified presumptive eligibility provider. Presumptive eligibility may begin or end on any day of the month. When presented with the Nebraska Medicaid Presumptive Eligibility Application as proof of Medicaid eligibility, the provider must verify eligibility through the Nebraska Medicaid Eligibility System using the client's Social Security Number.

An explanation and example of each eligibility document is included in this appendix.

USE OF MEDICAID ELIGIBILITY DOCUMENTS

Providers must verify current Medicaid eligibility and managed care participation before providing services.

Medicaid clients should carry their Medicaid eligibility document and use it to provide verification of eligibility when receiving Medicaid services. If the client does not have a Medicaid eligibility document, the provider must use other methods to verify Medicaid eligibility.

Verifying Medicaid Eligibility: Medicaid client eligibility may be verified from –

1. The client's monthly Nebraska Medicaid Card or Nebraska Health Connection ID Document;
2. The Nebraska Medicaid Eligibility System (NMES) voice response system. For NMES instructions, see 471-000-124; or
3. The standard electronic Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271). For electronic transaction submission instructions, see 471-000-50.

Lock-In Status: Certain clients are restricted in the physicians, pharmacies, hospitals, and/or prescribing physicians they may use. The designated "lock-in" provider and/or authorized prescribing physician is listed on the Medicaid eligibility document. Claims for services provided or prescribed by other than the designated "lock-in" provider may not be paid unless documentation of a bona fide emergency or a letter of referral from the designated physician is attached to the claim. For Medicaid lock-in regulations, see 471 NAC 2-005.

EXPLANATION OF THE NEBRASKA MEDICAID CARD

The Nebraska Medicaid Card is issued to Medicaid clients that are not participating in one of the medical/surgical managed care plans available through Nebraska Medicaid. If a client is participating in the NHC for mental health/substance abuse services only (and is receiving medical/surgical services on a fee-for-service basis), the client will receive the Nebraska Medicaid Card. For a listing of NHC plans, see 471-000-122.

The Nebraska Medicaid Card contains the following information. See example on page 4.

1. The case number - the 9-digit case number used for all eligible members of the household/case.
2. The inclusive dates of Medicaid eligibility.
3. The name of the local HHS office that serves the client(s).
4. The client two-digit identification number - this number identifies each individual within a case. The 9-digit case number combined with the two-digit identification number is the client's Medicaid number.
5. The name of each member of the case who is eligible for Nebraska Medicaid.
6. Each client's Medicaid copayment status. For copayment requirements, see 471 NAC 3-008.
7. Each client's Medicare coverage information.
8. The names of the "lock-in" providers from whom the client may receive services, if applicable.
9. Each client's other health insurance, if any.

EXPLANATION OF THE NEBRASKA HEALTH CONNECTION ID DOCUMENT

The Nebraska Health Connection ID Document is issued to Medicaid clients participating in one of the medical/surgical managed care plans available through Nebraska Medicaid. Nebraska Health Connection (NHC) is Nebraska's Medicaid managed care plan. If a client is participating in the NHC for mental health/substance abuse services only (and is receiving medical/surgical services on a fee-for-service basis), the client will receive the Nebraska Medicaid Card. For a listing of NHC plans, see 471-000-122.

The Nebraska Health Connection (NHC) ID Document contains the following information. See example on page 5.

1. The name of the local office that serves the client(s).
2. The case number - the 9-digit case number used for all eligible members of the household/case.
3. The month for which the client is eligible.
4. The name of the mental health and substance abuse services management network.

5. The client's two-digit identification number -this number identifies each individual within a case. The 9-digit case number combined with the two-digit identification number is the client's Medicaid number.
6. The name of each client participating in NHC.
7. The name of the health plan in which the client is enrolled and the name of the client's primary care physician (PCP).
8. Private health insurance information.
9. Each client's Medicaid copayment status. For copayment requirements, see 471 NAC 3-008.
10. The names of the "lock-in" providers from whom the client may receive services, if applicable.
11. The address and phone number of the PCP.
12. The name of the "lock-in" pharmacy the client must use for drug products, if applicable.

EXPLANATION OF THE NEBRASKA MEDICAID PRESUMPTIVE ELIGIBILITY APPLICATION

This document is a temporary eligibility document issued to clients at the time they are determined to be presumptively eligible for Nebraska Medicaid by a qualified presumptive eligibility provider. As a temporary document, it does not contain the same type of information as the Nebraska Medicaid Card or the Nebraska Health Connection ID Document. See example on page 6.

Presumptive eligibility may begin or end on any day of the month. When presented with the Nebraska Medicaid Presumptive Eligibility Application as proof of Medicaid eligibility, the provider must verify eligibility through the Nebraska Medicaid Eligibility System using the client's Social Security Number.

Example of Nebraska Medicaid Card:

000010

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM
1201 WEST 8TH STREET
P.O. BOX 310
CHADRON NE 69337-0000

KIDS CONNECTION
MEDICAID ELIGIBILITY INFORMATION
FROM 06/01/2004 TO 06/30/2004

JOAN Q PUBLIC
123 MAIN ST
CHADRON NE 69337

KIDS CONNECTION/NEBRASKA MEDICAID CARD

MEDICAID ELIGIBLE CUSTOMERS:

CUSTOMER #	NAME	KIDS CONNECTION	DOB	CO-PAY
12345678901	PUBLIC, POLLY		06/06/1990	NO
LOCK-IN INFORMATION:				
Hospital		CENTRAL REGIONAL ALL STATE MEDICAL CENTER		

CUSTOMER #	NAME	DOB	CO-PAY
12345678904	PUBLIC, JONATHAN	01/01/1939	NO

MEDICARE INFORMATION: HIC #: 456789123-A Coverage Type: TYPE A & TYPE B

CUSTOMER #	NAME	KIDS CONNECTION	DOB	CO-PAY
12345678902	PUBLIC, PERCY		05/15/1993	NO
LOCK-IN INFORMATION:				
Primary/Prescribing Physician		FEELINGUDE, AL B. MD		

CUSTOMER #	NAME	DOB	CO-PAY
12345678903	PUBLIC, JOAN Q	01/02/1963	NO
LOCK-IN INFORMATION:			
Emergency Medical Services Onl		EMERGENCY MEDICAL SERVICES ONLY	

TPL information, if applicable, is not currently available. To obtain TPL information, please contact the Nebraska Medicaid Eligibility System at one of the numbers listed at the bottom of this page.

For Medicaid eligibility information, call NMES (NEBRASKA MEDICAID ELIGIBILITY SYSTEM) at 1-800-642-6092 or, in Lincoln, call 471-9580.

If you receive a bill from the medical provider (hospital, doctor, pharmacy, etc.) for services received by you or a member of your household while eligible for medical assistance, you should contact that provider to see if they have billed Medicaid. If they inform you that Medicaid has denied payment for the bill, you may be responsible to pay for it. You have the right to appeal this determination within ninety (90) days of the date on the bill by submitting your appeal request in writing to your Local Office of the Nebraska Department of Social Services. If you have any questions regarding this, please contact your local office caseworker.

For Medicaid eligibility information, call NME\$ (NEBRASKA MEDICAID ELIGIBILITY SYSTEM) at 1-800-642-6092 or, in Lincoln, call 471-9580.

Example of Nebraska Health Connection ID Document:

000000027

OMAHA OFFICE
HEALTH AND HUMAN SERVICES
1101 S. 42ND STREET
OMAHA, NE 68105

Nebraska Department of Health and Human Services
Phone: 471-7715 (Lincoln) 595-1000 (Omaha)
Collect calls will be accepted.

THIS IS THE NEBRASKA MEDICAID/KIDS CONNECTION CARD FOR NEBRASKA HEALTH CONNECTION CUSTOMERS
(Listed Below)

JOHN A SMITH
1234 STREET
OMAHA, NE 68100

Effective from: 06-01-2002 to 06-30-2002

All Customers are enrolled in Magellan Behavioral
Health, the Mental Health and Substance Abuse
Services Management Network

NEBRASKA HEALTH CONNECTION IDENTIFICATION (ID) DOCUMENT

JOHN A SMITH
MEDICAID NO- 123456789 - 01
HEALTH PLAN -PLAN CHOSEN
PCP - GOOD,DOCTOR A

KIDS CONNECTION

PCP ADDR - 1234 STREET #123
OMAHA NE 68100

PH - (402) 123-5678

JANE SMITH
MEDICAID NO- 123456789 - 02
HEALTH PLAN -PLAN CHOSEN
PCP - GOOD,DOCTOR A

KIDS CONNECTION

PCP ADDR - 13110 BIRCH DR
OMAHA NE 68144

PH - (402) 496-7979

JACK B SMITH
MEDICAID NO- 123456789 - 03
HEALTH PLAN -PLAN CHOSEN
PCP - GOOD,DOCTOR A

KIDS CONNECTION

PCP ADDR - 12345 MAIN DR
OMAHA NE 68144

PH - (402) 123-4567

FRED A SMITH
MEDICAID NO- 123456789 - 04
HEALTH PLAN -PLAN CHOSEN
PCP - GOOD,DOCTOR A

SUBJECT TO COPAY

PCP ADDR - 1234 STREET #123
OMAHA NE 68100

PH - (402) 123-5678

Effective 7/1/02

TO VERIFY MEDICAID ELIGIBILITY, CALL the NEBRASKA MEDICAID ELIGIBILITY SYSTEM (NMES)
1-800-642-6092 (if outside of the Lincoln area)
(402) 471-9580 (if in Lincoln)

Nebraska Health Connection HELPLINE for CUSTOMERS:
(402) 471-7715 (if in Lincoln), (402) 595-1000 (if in Omaha) Collect Calls Accepted

TOLL-FREE, 24-Hour, Magellan Behavioral Health for CUSTOMERS and PROVIDERS:
1-800-424-0333

TOLL-FREE, 24-HOUR, Nebraska Health Connection HELPLINE for PROVIDERS:
1-800-600-1297, (402) 471-7718 (if in Lincoln)

IMPORTANT INFORMATION ABOUT THE HEALTH PLANS

Primary Care +

Customer/Provider Information
(402) 392-4180 (if in Omaha)
1-800-424-7097 (Outside Omaha)
(TDD/TYY: Available through the Nebraska Relay System)

NOTE: Submit claims to the State of Nebraska
Claims Information Number(s): 1-877-255-3092, (402) 471-9128 (if in Lincoln)

Share Advantage

Customer Service/Provider and Claims Information
1-800-641-1902
(TDD/TYY: Available through the Nebraska Relay System)

NOTE: Submit claims to Share Advantage

Magellan Behavioral Health

Customer Service/Provider Information
1-800-424-0333
(TDD/TYY: 1-800-424-4045)

NOTE: Submit claims to the State of Nebraska.
Claims Information Number(s): 1-877-255-3092, (402) 471-9128 (if in Lincoln)

COPAY: Customers who reside in Douglas, Sarpy and Lancaster counties have co-pay responsibility for prescription drugs.

COPAY status may be verified by calling the Nebraska Medicaid Eligibility System:
1-800-642-6092 (if outside of the Lincoln Area)
471-9580 (if in Lincoln)

PRIOR-AUTHORIZATION/REFERRAL REQUIREMENTS: Many services require prior-authorization or referral from the customer's Primary Care Physician (PCP). Contact the PCP or Health Plan before providing the service.

SERVICES EXCLUDED FROM MANAGED CARE: The following services are paid by Medicaid on a fee for-service basis. Authorization of these services may require referral by the customer's Primary Care Physician (PCP). Participation by the PCP in the management of these services is encouraged but not required. Such services as prescribed drugs, nursing facility services-custodial level of care, ICF-MR services, home and community-based waiver services, school-based services covered under Medicaid in schools, non-home health agency approved personal care aide services, optional targeted case management services, and dental.

FAMILY PLANNING SERVICES: Approval by the customer's Primary Care Physician or the Health Plan is not required for family planning services. Family Planning services may be obtained from any Medicaid-enrolled provider.

EMERGENCY SERVICES: Approval by the customer's Primary Care Physician (PCP) or the Health Plan is not required for life threatening emergency services. Customers are encouraged to contact their PCP before receiving emergency services.

Example of Nebraska Medicaid Presumptive Eligibility Application:



**Presumptive Application
for Pregnant Women**



Instructions: Read carefully. Please write clearly.

This is not a valid application until it contains your name, address and signature

Name of Applicant	Social Security Number
Address (Number, Street, City, Zip Code)	Telephone Home/Work

Did anyone in your household get services through Department of Health and Human Services this month or last month?
☐ Yes ☐ No If yes, explain under what name, where, when and type of services:

My Family's Current Physician(s) is (are):

List everyone in your family who lives with you (parents & children): (Give the information listed. Use more paper if you need to.)							
Name: (First Name, Middle Initial, Last Name)	U.S. Citizen Y/N	Social Security Number	Race	Birthdate	Sex M/F	Pregnant Y/N	If, Pregnant What is Expected Date of Delivery
(Adults in Home)							
(Children)							

I certify that the above woman is eligible for Presumptive Eligibility. Individuals on this form who ARE NOT pregnant, ARE NOT Presumptively Eligible.

Sign Here _____
Provider Representative Name of Provider
Date of PE Determination Provider Address Provider Phone Number

NOTICE TO PROVIDERS: Please accept this form as proof of temporary Medical coverage for pregnant women. To check Medical presumptive eligibility, in most instances, use the woman's social security number with a two digit suffix when calling the Nebraska Medicaid Eligibility (NMES) line at 1-800-642-6092.

NOTICE TO APPLICANT: Show this form to providers of services as proof of medical coverage for children and outpatient prenatal coverage for pregnant women.

NOTICE & APPEAL RIGHTS!

Presumptive

1. If you are found ineligible for Presumptive Eligibility, this form is your notice and no further action is required. You cannot appeal this decision.
2. If you are found eligible for Presumptive Eligibility and do not provide the additional information requested, presumptive eligibility will end. No further notice is required.

Medicaid

1. This is also an application for continuing Medical Assistance. If the Medicaid application is denied, you have the right to appeal this action.
2. If the local Department of Health and Human Services office does not make a timely decision (within 45 days) on your Medicaid application and send you notice of the reason, you may appeal this action.



Does any Person Currently Receive any Money From:	Yes	No	If Yes, Who Is It?	Gross Amount	How Often Received?
Salaries, Wages, Tips, Commissions, etc., (Include Income from Self-Employment)					
Salaries, Wages, Tips Commissions, etc., (Include Income from Self-Employment)					
Unearned Income Such As: Child Support/Alimony Spousal Support					
Unearned Income Such As: Workman's Compensation, Unemployment Compensation, Social Security					

Does anyone pay child care costs, please give names of the children and the monthly amount you pay for each child.

Name of Child	Monthly Amount	Name and Address of Provider

Income Computation: (FOR AGENCY USE ONLY)	
1. Total Monthly Gross Earned Income \$ _____	4. Subtract \$100 (For each employed adults \$ _____ from earned income only)
2. Total Net Self-Employment Income \$ _____	5. Total Child Care Costs \$ _____
3. Total Earned Income (Add lines 1 & 2) \$ _____	6. Total Monthly Unearned Income \$ _____
	7. Total Countable Income (Line 4 Minus 5 \$ _____ Plus 6)

SOCIAL SECURITY NUMBER:

I understand that the Nebraska Department of Health and Human Services will require Social Security numbers for each individual in my family who receives assistance. The Social Security number for each person in your household will be computer matched with the following programs to assist in determination of eligibility:

Department of Health and Human Services - Vital Statistics
Social Security Benefits - Social Security Administration
Supplemental Security Income (SSI) - Social Security Administration
Unemployment Compensation Benefits - State Department of Labor
Department of Health and Human Services - Block Grants
Child Support - Clerk of District Court
Resources and Income - Internal Revenue Service

The information received from these agencies will be used and verified and could affect your food stamp, public assistance and Medicaid eligibility and benefits. I authorize the release of my Social Security number to the Nebraska Department of Health and Human Services to use for the purposes mentioned above. The use of my Social Security number will also be used in computer matching and program reviews or audits to make sure my household is eligible for assistance. This may result in criminal or civil action or administrative claims against persons fraudulently participating.

Sign Here _____ Date _____
Signature or Mark of Applicant (Witness if mark)

I certify that the information I have provided is true to the best of my knowledge and I give permission for the State of Nebraska to make any necessary contacts to check my statements. I have read the list of my rights and responsibilities. I know that I could be penalized if I knowingly give false information.

COMPLETED BY LOCAL HHS OFFICE	
Request Date/Date of P.E. Determination	Date